IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 2436 10116 PIN# ~~PL 2 A 3~~ 4625 38 4133 4625-38-4109 DATE 5/17/01

OWNER OR CONTRACTOR ~~Glen W. Lambeth~~ Ross Herring PHONE: Business 847-6878 Home

ADDRESS 926 Mangionne Rd. Matthews, NC 28105

LOCATION Bay Harbour Rd.

SUBDIVISION HARBOUR BLOCK / SECTION 5 LOT 15 LOT AREA SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/23/01
Pump Tank: 1000 Gallons; PT 283 Date 3/22/01
Pump Make: HYDRO Model SHEF 50A1 Serial No. 10/15/01
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 3 Trench Width 24-36" Max Trench Bottom Depth 30" Gravel Depth No

[X] New System [ ] Repair System Type: I, II, III, (IV) V, VI
System Description: LP PPBPS
Repair System Description: SAME
Maintenance Agreement Required: [X] Yes [ ] No

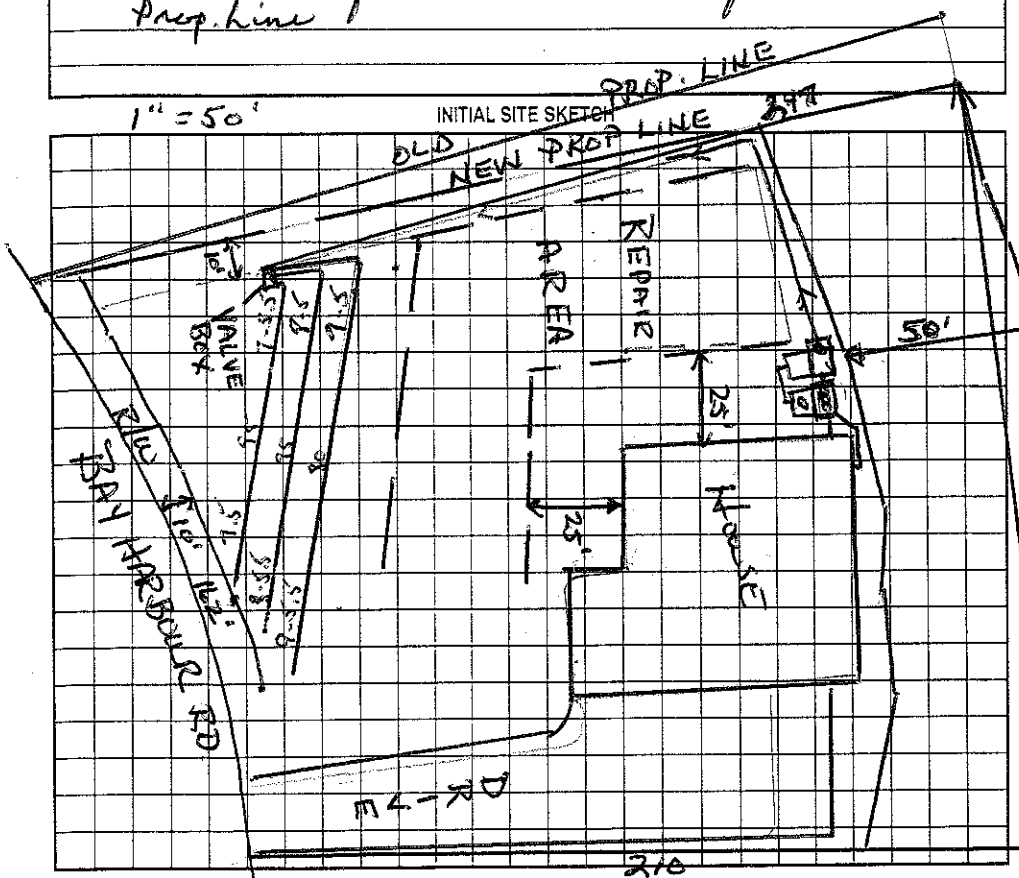
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees
[ ] Other
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [ ] Public [X] Community

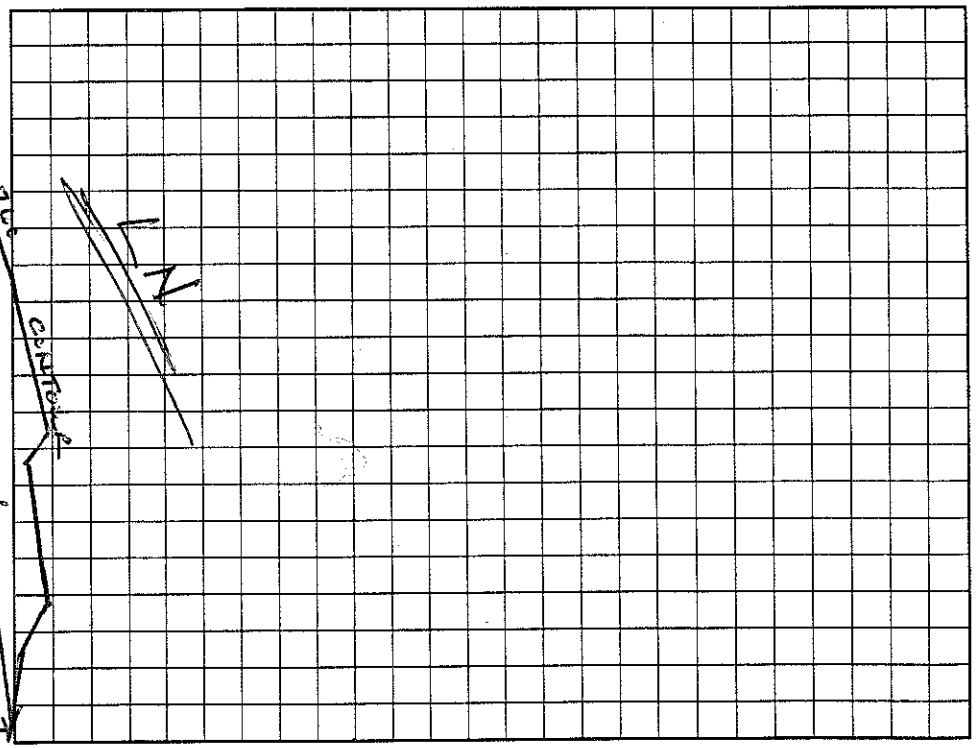
Comments:/Conditions: Drainfield must be 10' from side Prop. Line

Comments:/Conditions:
62 Panels. 323 Mtg. Area x .66 = 149.3
149 ÷ 19.3 = 7.6 or 8 5" lines

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: * [signature] date 5/17/01

Improvement Permit by: Wesley Sparks R.S. date 5/17/01

Authorization to Construct by: Wesley Sparks R.S. date 5/17/01

Installed by: Curt Dunning

Operation Permit by: [signature] R.S. date 5/23/01

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK